FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | ORGA | ANIZATIO |)N | | |
|----------------------------|---|----------------------|--|------------|---|
| | (See | e instructions) | | Offi | ce use only |
| NAME OF COMMITTEE (in | full) (Check it is change | | mple: If typying, type the lines | 12FE4M5 | |
| American He | alth Care Association Pol | itical Action Co | mmittee | | |
| | | | | | |
| ADDRESS (number and | street) 1201 L Stree | et, NW | | | |
| (Check if add | ress | | | | |
| is changed) | Washington | | шшш | PC L | 20005 |
| COMMITTEE'S E-MA | UI ADDDESS | CITY | • | STATE | ZIP CODE 📥 |
| hcutler@ahca | | | | | 1 |
| | 1 | | | | |
| COMMITTEE'S WEE | PAGE ADDRESS (URL) | 11111 | | | |
| | . , , , , , , , , , , , , , , , , , , , | | | | 1 |
| | | | | | |
| | | | | | |
| COMMITTEE'S FAX | NUMBER | | | | |
| با لبنا | | | | | |
| 2. DATE M | M / D D / Y Y Y Y Y Y 200 | 8 Y | | | |
| 3. FEC IDENTIFIC | ATION NUMBER | C CO | 0006080 | | |
| 4. IS THIS STATE | MENT X NEW (N) | OR | AMENDED (A) | | |
| I certify that I have exan | nined this Statement and to the bes | st of my knowledge a | nd belief it is true, correct and | d complete | |
| Type or Print Name o | Treasurer Ms. Gail | Clarkson | | | |
| Signature of Treasure | r Electronically Filed by M | ls. Gail Clarkso | <u>n</u> | Date 0.1 | ^D 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of fa | alse, erroneous, or incomplete info | | the person signing this State | | of 2 U.S.C. S437g. |
| Office Use Only | | | For further information confederal Election Commission Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2003) |

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|----|---|-------------------------------------|
| 5. | TYPE OF COMMITTEE (Check One) | |
| | (a) This committee is a principal campaign committee. (Complete the candidate information below.) | |
| | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the c information below.) | andidate |
| | Name of Candidate | |
| | Candidate Party Affiliation Office Sought: House Senate President | State District |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candidate | |
| | | emocratic, publican,etc.) Party. |
| | (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee. | nd or party |
| ô. | Name of Any Connected Organization or Affiliated Committee | |
| | | |
| L | | |
| | Mailing Address | |
| | | |
| | | |
| | CITY STATE A | ZIP CODE A |
| | Relationship | |
| | Type of Connected Organization: | |
| | Corporation Corporation w/o Capital Stock Labor Organization | on |
| | Membership Organization Trade Association Cooperative | |
| | | |

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|---|---|--------------------------------------|---------------------|
| Write or Type Committee Name | | | |
| American Health Care As | sociation Political Action Committee | | |
| Custodian of Records: Ident possession of Committee bo | ify by name, address, (phone number ooks and records. | optional), and position of the | e person in |
| Full Name | | | |
| Mailing Address | | | |
| - | | | |
| Title or Position ▼ | CITY A | STATE▲ | ZIP CODE A |
| | | Telephone number | |
| | | | |
| name and address of any de | nd address (phone number optional) o esignated agent (e.g., assistant treasure | f the treasurer of the commit r). | tee; and the |
| name and address of any de | esignated agent (e.g., assistant treasure | f the treasurer of the commit r). | tee; and the |
| name and address of any defection of Treasurer Ms. Gail | esignated agent (e.g., assistant treasure Clarkson 1201 L Street, NW | r). | |
| name and address of any definition of Treasurer Ms. Gail | esignated agent (e.g., assistant treasure | f the treasurer of the commit | tee; and the |
| name and address of any definition of Treasurer Ms. Gail | esignated agent (e.g., assistant treasure Clarkson 1201 L Street, NW | r). | |
| rame and address of any definition of Treasurer Mailing Address —————————————————————————————————— | Clarkson 1201 L Street, NW Washington | | 20005 ZIP CODE ▲ |
| name and address of any definition Full Name of Treasurer Mailing Address — Title or Position ♥ | Clarkson 1201 L Street, NW Washington | | 20005 ZIP CODE ▲ |
| name and address of any definition of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated | Clarkson 1201 L Street, NW Washington | | 20005 ZIP CODE ▲ |
| name and address of any definition of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent | Clarkson 1201 L Street, NW Washington | | 20005 |
| name and address of any definition of Treasurer Mailing Address Title or Position ▼ Treasurer Full Name of Designated Agent | Clarkson 1201 L Street, NW Washington | | 20005 ZIP CODE ▲ |

Telephone number

9.

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| | | | |

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| Banks or Other Depositories safety deposit boxes or mainta | | er depositories in which the committee | deposits funds, holds acco | ounts, rents |
|---|--------------|--|----------------------------|------------------------|
| Name of Bank, Depository, etc. | . | | | |
| BB&T | | | | |
| Mailing Address | P.O. Box 819 | | | |
| | | | | |
| | Wilson | | NC 2 | 7894 _ [_ , _ , _ , |
| | | | | 71D 00DF |
| | | CITY 🛕 | STATE △ | ZIP CODE A |
| Name of Bank, Depository, etc. | ». | CITY A | STATE 2 | ZIP CODE A |
| Name of Bank, Depository, etc |). | CITY A | STATE | |
| Name of Bank, Depository, etc |). | | STATE A | |
| | | | STATE 4 | ZIP CODE A |
| | | | STATE A | ZIP CODE A |